



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 16.26

Subject: Approval Of Medically Fragile Foster Homes

Supersedes: DCS 16.26, 07/01/02

Local Policy: No

Local Procedures: No

Requires Training: Yes

Approved by:

Effective date: 02/01/01

Revised date: 12/01/03

Application

To All Department of Children's Services Case Managers

Authority: TCA 37-5-106; 73-3-501; 71-3-515; 71-3-518; Public Law 96-272 and Public Law 105-89

Policy

A Department of Children's Services foster home may be approved as a medically fragile foster home when foster parents have special skills to parent a child who has extraordinary medical care needs. Medically fragile foster homes are required to meet the same training and foster home study policy and procedures as all other DCS foster homes. In addition, they must have fifteen (15) additional hours of pre-service training, including, but not limited to current certification in CPR and First Aid and training specific to the needs of the fragile child to be placed.

Procedures

A. Training requirements

1. Foster parents who provide care for medically fragile children shall meet the same requirements for initial approval as regular foster parents. However, they shall have additional training in the areas of:
 - a) Growth and development
 - b) Nutrition
 - c) Medical disabilities
 - d) Current certification in CPR
 - e) Current certification in first aid

2. Prior to the placement of a medically fragile child and the payment of the medically fragile rate, the foster parent shall also be trained in the techniques of caring for the specific fragile child to be placed.

B. Approval of medically fragile foster family

1. The DCS team coordinator shall be responsible for approving the application by assessing the following:
 - a) An evaluation of the foster parents training related to medically fragile children;
 - b) Documentation that all additional requirements have been met;
 - c) The worker's assessment of the history of care for children, experience and qualifications in relation to the type child requested;
 - d) Recommendations for approval, including an evaluation of strengths and weaknesses.
 - e) Items a) and b) above can be referenced in the home study or an addendum.
2. Upon approval, the team coordinator shall send a letter to the foster family notifying them of approval. A copy of this letter will be maintained in the foster home record.
3. Medically fragile foster families shall receive annual approval by the team coordinator following the standard re-assessment interview. The re-evaluation recommendation shall indicate that the foster home continues to meet the medically fragile certification requirements. Foster parent(s) shall maintain current certification in CPR and first aid and meet one of the following requirements:
 - a) Participation is 20 hours of annual in-service training over the last year provided by the department, the content of which is approved in advance by the team coordinator
 - b) If the foster parent is a licensed health professional, i.e., nurse, respiratory therapist, etc., and their practice is in the field from which the child needs specialized care, they meet the in-service training requirement by maintaining their current licensure.
4. The following may be used to meet the on-going in-service training requirements of twenty (20) hours:

- a) Planned meetings among medically fragile foster parents conducted by a social worker or case manager.
 - b) Participation in an organization associated with or having an interest in medically fragile foster children.
 - c) Attendance at workshops sponsored jointly by the Department and UT SWORPS.
 - d) Individualized professional training from the medical profession related to the individualized needs of the child.
- 5. Failure to meet the ongoing training requirements may cause the family not to be re-approved. The family may enter into a corrective action plan to work towards satisfying training requirements.
 - 6. Only the DCS Regional Administrator/Designee can approve the continuing placement of a medically fragile child in a home where the training requirement has not been met and the family is under corrective action.

C. Criteria for placement

- 1. A one-parent foster home shall not care for more than one medically fragile child and shall demonstrate that support services are available and will be provided as needed. A single parent with a medically fragile child by birth or adoption will not be approved to provide foster care for another medically fragile child.
- 2. If a single parent who desires the placement of a medically fragile foster child and already has two or more non-medically fragile birth, adopted or foster children in the home, the team coordinator must grant a waiver for the single parent to accept a placement of the child with extraordinary medical needs.
- 3. A two-parent home shall not care for more than two medically fragile children including the foster parent's medically fragile birth child. For example, if the foster parents already have a medically fragile child by birth or adoption, then they can only be approved for the placement of one medically fragile foster child.
- 4. An exception to 3 above, may be approved by the DCS team coordinator for the number of children in a foster home that has live-in or daily staff support, and when it is determined that the particular needs of all the children and the subsequent demands on the foster parent are met.

5. The medically fragile foster home shall be within one hour of a medical hospital with an emergency room.
6. Foster parents must agree to keep a log, form CS-0503, *Medical Log*, on each child.

Forms

CS-0503 Medical Log

Collateral Documents

None

Standards

None